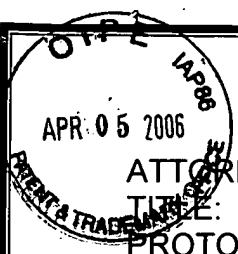


IFW



ATTORNEY DOCKET NO: EQUUS-106A

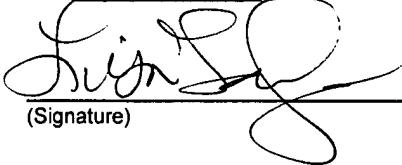
TITLE: DEVICE AND METHOD FOR IDENTIFYING A SPECIFIC COMMUNICATION
PROTOCOL USED IN AN ON-BOARD DIAGNOSTIC TOOL

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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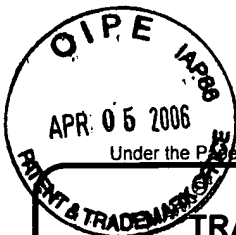

(Signature)

Lisa Taylor

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2. Transmittal form;
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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/779,985
Filing Date	February 17, 2004
First Named Inventor	David Huang
Art Unit	3661
Examiner Name	Unknown
Attorney Docket Number	EQUUS-106A

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing and Return Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce B. Brunda STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	April 3, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:			
Typed or printed name	Lisa Taylor		
Signature		Date	April 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Application No.: 10/779,985
Attorney Docket: EQUUS-106A



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	David Huang)	Confirmation No.	8892
)		
Serial No.:	10/779,985)	Art Unit:	3661
)		
Filed:	02/17/2004)	Examiner:	Broadhead,
)		Brian J.
For:	DEVICE AND METHOD FOR)		
	IDENTIFYING A SPECIFIC)		
	COMMUNICATION PROTOCOL)		
	USED IN AN ON-BOARD)		
	DIAGNOSTIC TOOL)		

RESPONSE TO OFFICE ACTION

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of March 01, 2006, please amend the above-identified application as follows: